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Date: September 19, 2002 Label No. EV152266580US

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Dawn M. Berry

Name (Print)

Signature

Dawn M. Berry



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re the Application of:

WATANABE et al.

Art Unit: 1713

Application Number: 09/488,762

Examiner: Peter D. MULCAHY

Filed: January 21, 2000

For: MEDICAL ADHESIVE TAPE OR SHEET, AND FIRST-AID ADHESIVE TAPE

SUBMISSION OF APPEAL BRIEF

Assistant Commissioner for Patents
Washington, D.C. 20231

September 19, 2002

Sir:

Submitted herewith are an original and two copies of an Appeal Brief in the above-identified U.S. patent application.

Also enclosed is a Credit Card Payment form in the amount of \$320.00 to cover the cost of filing this Appeal Brief. In the event that any additional fees are due with respect to this paper, please charge Deposit Account No. 50-0925. This paper is filed in triplicate.

Respectfully submitted,

Kilyk & Bowersox, P.L.L.C.

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Complete if Known

Application Number 09/488,762
Filing Date January 21, 2000
First Named Inventor WATANABE et al.
Examiner Name Peter D. Mulcahy
Group Art Unit 1713
Attorney Docket No. 3190-004

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge any deficiencies and credit any overpayments to:

Deposit Account Number 50-0925
Deposit Account Name

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
Applicant claims small entity status. See 37 C.F.R. 1.27

2. ☒ Payment Enclosed:

☐ Check ☒ Credit Card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1) (\$0.00)

2. EXTRA CLAIM FEES

Total Claims Independent Claims Multiple Dependent
Extra Claims -20**= X Fee from Below X Fee Paid
-3**= X

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$0.00)

** or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	320	220	155	Filing a brief in support of an appeal	\$320.00
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$320.00)

SUBMITTED BY

Name (Print/Type)	Registration No. (Attorney/Agent)	Telephone
Luke A. Kilyk	33,251	(540) 428-1701
Signature		Date
		September 19, 2002

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Dawn M. Berry
Name (Print)

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

WATANABE et al.

Application Number: 09/488,762

Filed: January 21, 2000

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Art Unit: 1713

Examiner: Peter D. MULCAHY

For: MEDICAL ADHESIVE TAPE OR SHEET, AND FIRST-AID ADHESIVE TAPE

APPELLANTS BRIEF ON APPEAL

September 19, 2002

This is an appeal to the Board of Patent Appeals and Interferences from the Examiner's March 29, 2002 Final Rejection of claims 1-10 in the above-identified application. No claims stand allowed. The appealed claims are set forth in the attached Appendix.

I. THE REAL PARTIES IN INTEREST

The real party in interest, besides the named inventors, is the Nitto Denko Corporation of Osaka, Japan.

II. RELATED APPEALS AND INTERFERENCES

No other appeal or interference which will directly effect or be directly effected by or have a bearing on the Board's decision in this Appeal is known to the Appellants, or the Appellants' legal representative.

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III. STATUS OF CLAIMS

The claims pending in the application are claims 1-10.

No claims have been added or cancelled throughout the course of this prosecution.

A copy of the claims on appeal can be found in the attached Appendix.

IV. STATUS OF AMENDMENTS

An Amendment After Final Rejection was submitted on June 21, 2002, but this amendment was not entered, as set forth in the Advisory Action dated July 9, 2002.

V. SUMMARY OF INVENTION

There is always a continuing effort to improve medical products, particularly those products relating to wound and surgical dressings. Conventional dressings have a number of drawbacks, ranging from the discomfort to the patient, to the environmental problems in disposing of various chlorinated compounds, as noted at page 2 of the present application.

The present invention involves a medical adhesive tape or sheet comprising a supporting substrate and an adhesive layer directly or indirectly laminated thereon, wherein the supporting substrate comprises a composition having 100 parts by weight of a thermoplastic resin and 10 to 200 parts by weight of a silicic acid compound, as is described at page 8 of the application.

The claimed invention contains a number of features that make it particularly desirable in the context of wounds and dressings. First, the claimed invention has a specific stress relaxation ratio, as is described at page 23 of the application, and in the examples. The stress relaxation ratio is important in that medical dressings must remain attached to the skin of the user for considerable periods of time, requiring the ability to move and flex in order to accommodate the normal movements of the body.

This is particularly important in the case of damaged skin or open wounds, where tension and compression may induce intense feelings of discomfort or pain in the user.

Second, as a result of the stretching process of the supporting substrate, a porous film can be generated, as is described at page 20. This film has high moisture permeability and therefore can "breathe," as set forth at pages 20-21. These features make the film highly desirable in medical applications in which direct skin contact is necessary, since the comfort of the user is improved. The advantages of the present invention are demonstrated in greater detail in the numerous examples, for instance, at page 33 and Tables 1-6.

In summary, the specific stress relaxation ratio of the claimed invention and the direct application of the claimed invention to skin or wounds, are unique features of the claimed invention. As will be demonstrated below, these features are neither taught nor suggested in the cited art relied upon by the Examiner.

VI. ISSUES

The issues remaining for review by the Board of Patent Appeals and Interferences are:

- A. The Examiner's rejection of claims 1-10 under 35 U.S.C. § 102(e) as being anticipated by, or, in the alternative, under 35 U.S.C. § 103(a) as obvious over Kobylivker et al. (U.S. Patent No. 6,002,064).

VII. GROUPING OF THE CLAIMS

As presently appealed, the groupings of the claims are as follows.

- Claims 1-8 stand or fall together;
- Claim 9 stands alone; and
- Claim 10 stands alone.

VIII. ARGUMENTS

A. The Examiner's rejection of claims 1-10 under 35 U.S.C. § 102(e) as being anticipated by, or, in the alternative, under 35 U.S.C. § 103(a) as obvious over Kobylivker et al. (U.S. Patent No. 6,002,064).

i. The Examiner's rejection

At page 2 of the Final Office Action, the Examiner rejects claims 1-10 under 35 U.S.C. § 102(e), as anticipated by, or in the alternative, under 35 U.S.C. § 103(a), as obvious over Kobylivker et al. (U.S. Patent No. 6,002,064). The Examiner indicates that the rejection set forth in the Office Action dated October 4, 2001 (Paper No. 4) is repeated, and further indicates that the remarks of the appellants have been fully considered, but were not found to be persuasive. At page 2 of the first Office Action, the Examiner asserted that Kobylivker et al. shows a medical adhesive article incorporating a substrate comprised of the Appellants' thermoplastic resin and a silicic acid compound. The Examiner emphasized a few portions of the cited reference and concluded that the claims are not novel.

Then at page 3 of the first Office Action, the Examiner further stated that in the event that a person skilled in the art would not "immediately envisage" the claimed invention, the invention is obvious as well. More specifically, the Examiner stated that each of the ingredients is shown within the prior art and that one of ordinary skill would use these ingredients in combination with one another and in the specified amounts.

For the following reasons, the Examiner's rejection should be reversed.

ii. The Appellants' Reply to the Examiner's rejection of claims 1-10 under 35 U.S.C. § 102(e) as being anticipated by, or, in the alternative, under 35 U.S.C. § 103(a) as obvious over Kobylivker et al. (U.S. Patent No. 6,002,064).

a) The patentability of claims 1-8.

In terms of the claims at issue, the following summary is provided:

Claim 1 recites a medical adhesive tape or sheet comprising a supporting substrate and an adhesive layer directly or indirectly laminated thereon, wherein said supporting substrate comprises a composition which comprises 100 parts by weight of a thermoplastic resin and 10 to 200 parts by weight of a silicic acid compound.

Claim 2 is dependent on claim 1, and identifies specific silicic acid compounds.

Claims 3-5 are dependent claims that further define the characteristics of the thermoplastic resin.

Claim 6 is dependent on claim 1, and further defines the nature of the supporting substrate.

Claims 7-8 are dependent claims that further specify the features of the resin modifiers.

Claim 9 is dependent on claim 1, and defines the stress relaxation ratio of the supporting substrate.

Claim 10 is dependent on claim 1, and adds the feature that an absorbent pad is provided at a central region of the adhesive layer, to produce a first-aid adhesive tape.

There are various significant differences between the Kobylivker et al. film and the claimed invention. As a starting point, one should note that the claimed invention is a medical adhesive tape or sheet. For such a device to adhere to a patient, it must have a specialized adhesive layer to promote attachment to the body, as is clearly set forth in claim 1. Moreover, for such an

adhesive to work properly in health care applications, the adhesive must be pressure sensitive and capable of being removed without damaging the surface of a wound or other sensitive area. As anyone who has ever had a dressing removed from a wound can appreciate, the type of adhesive must be carefully chosen to provide enough adhesion to stick to the body, but the adhesive must also allow removal of the dressing without undue pain to the subject or damage to the skin.

By contrast, Kobylivker et al. shows an article that has a completely different structure and use. While the Examiner characterizes the Kobylivker et al. reference as teaching “medical adhesive articles,” this conclusion is not supported in the patent. For instance, at column 2, lines 46-56 and column 9, lines 55-65, Kobylivker et al. indicates that the film may be useful for the manufacture of gowns, gloves, and other types of medical apparel. However, none of the cited text states or even suggests that the Kobylivker et al. article could be used as an adhesive tape or a sheet and be applied directly to a patient, which is a feature of the claimed invention.

The Examiner in a telephone conversation with Appellants’ representative pointed to column 8, lines 45-50 of Kobylivker et al. as showing that an adhesive was present in the article described by that reference. The Examiner stated that the composition of the supporting substrate (a low crystallinity polypropylene polymer with a particulate filler) in Kobylivker et al. was very similar to the supporting substrate of the claimed invention, and that the differences in the adhesive were too small, in his view, to constitute a patentable difference.

With respect to the Examiner’s argument concerning Kobylivker et al. showing the use of an adhesive, the particular paragraph referred to by the Examiner at column 8 of Kobylivker et al. is with respect to permanently bonding the film to one or more substrates. This is quite different from the adhesive layer on the substrate of the present invention. Particularly, at pages 23 and 24

of the present application, general classes of adhesives are discussed and it is clear that these adhesives are for purposes of temporarily adhering the medical adhesive tape or sheet to an object, such as a patient.

In addition, as the Board will appreciate, claim 1 and the claims dependent thereon recite a medical adhesive tape or sheet. This language in the claim at a minimum is preamble language and gives meaning to the claims as further shown in the present specification. As set forth in M.P.E.P. § 2111.02 which relates to the weight of a preamble, any terminology in the preamble that limits the structure of the claimed invention must be treated as a claim limitation. Clearly, the terms “medical adhesive tape or sheet” would exclude the type of clothing set forth in Kobylivker et al. The term medical adhesive tape or sheet as set forth in the claims cannot be ignored or rendered generic by the Examiner. Clearly a medical adhesive tape or sheet is quite different from the article of clothings only set forth in Kobylivker et al. Accordingly, based on this point alone, the rejections under § 102 and under § 103 should be reversed.

At page 3 of the Final Office Action, the Examiner responds to the previous arguments of the appellants. Although not specifically labeled as such, the Examiner divides his response into two parts, which are interrelated to some extent. His response deals with two topics: (i) structural differences; and (ii) the nature of the bonding.

The appellants respond to the two topics raised by the Examiner, in order, as follows:

First, as for the argument that there is a difference in structure between the “tape or sheet” as claimed, and the articles of Kobylivker et al., the Examiner states that the claim language is of such breadth so as to clearly be anticipated by the articles shown in Kobylivker et al.

In response, the claims of the present invention are claiming a medical tape or sheet which does not encompass any clothing. For instance, the appellants do not believe that a laminate like a surgical gown can be easily characterized as a medical adhesive tape or sheet. A laminated surgical gown is simply not a medical adhesive tape or sheet in the normal meaning of those words. More particularly, the uses of Kobylivker et al. are strictly related to medical gowns, caps, aprons, and related apparel, which are quite different from first-aid adhesive tapes, and could not be substituted for those items. The Examiner does not dispute that only articles of clothing are shown in Kobylivker et al. In addition, the benefits achieved and mentioned in the present application with respect to stress relaxation ratios, as well as the other benefits mentioned in the examples would not be relevant to the uses specified in Kobylivker et al.

Second, as for the argument that Kobylivker et al. is concerned with permanently bonding the film to substrates, and that the claimed invention is concerned with temporarily adhering the medical adhesive tape or sheet to a patient, the Examiner responds at some length. The Examiner states that the appellants are arguing limitations that are not claimed or reflected in the claims. The Examiner states that the claimed composition and the article resulting from the composition are anticipated by the reference. Therefore, the Examiner concludes that attempts to draw a distinction between the permanent coating or adhesive of Kobylivker et al. and the claimed invention are not persuasive.

In response, the appellants believe that the Examiner is not appreciating the fundamental structural differences between a medical tape and a gown. More specifically, the claimed invention is a removable article, because the adhesive layer is releasable in nature. A removable article such as the claimed invention is completely different from the permanent laminates described in Kobylivker et al. Kobylivker et al. simply does not show a releasable adhesive. In

fact, the types of applications shown in Kobylivker et al. would definitely not work if the adhesive was releasable. The Examiner's logic that an adhesive layer or medical adhesive tape is the same as laminates used to make clothing is not a position that one skilled in the art would take. These structural differences are inherent in the definitions of the respective items. Permanently laminating a layer to a substrate to form a garment is fundamentally different from medical tape removably attaching a layer to a living person or animal. Therefore, in view of the large differences in structure and potential uses between the claimed invention and the article shown in Kobylivker et al., it is clear that Kobylivker et al. does not and cannot anticipate the claimed invention.

Accordingly, in light of all the reasons set forth above, Kobylivker et al. does not anticipate the claimed invention, and the rejection of claims 1-8 should be reversed.

As for the obviousness issue, the Examiner has previously stated that each of the ingredients is shown within the prior art, and that one of ordinary skill would use these ingredients in combination with one another and in the specified amounts to produce the claimed invention. This is simply not true, for the various reasons set forth below. For instance, this analysis assumes that the adhesive used in the claimed invention is an obvious variant of the adhesive used in Kobylivker et al.

While there are various portions of the cited patent where adhesives are mentioned, such as at column 2, lines 46-49, column 8, lines 46-49, or column 9, lines 35-55, these portions all refer to permanently bonding a film layer to some sort of substrate to form an article. Therefore, any use of Kobylivker et al. as a starting point could not lead to the claimed invention. The

claimed invention is not designed to permanently bound two substrates or layers together, because the adhesive used in the claimed invention is not, and cannot be, a permanent adhesive.

Adhesives vary greatly; this is why there are literally hundreds, if not thousands, of different adhesives known. The properties that make an adhesive suitable for one application may make it unsuitable for a different application. This is especially true in the present context. An adhesive that permanently bonds a tape or dressing to a person's skin, particularly the sort of sensitive or damaged skin found in surgical wounds, might possibly be disastrous in patient care applications. A permanent adhesive is completely different from the pressure sensitive adhesive layer of the present invention, in which a relevant characteristic of the adhesive concerns its removability from skin.

At pages 23 and 24 of the present application, the general classes of adhesives used in the claimed invention are discussed in detail. These adhesives are for purposes of temporarily adhering the medical adhesive tape or sheet to a person, such as a patient. Accordingly, the adhesives of the claimed invention cannot be irritating to skin, which is why the acrylic adhesives are especially preferred, as set forth at page 23, fourth full paragraph.

Additionally, the examples, such as Tables 7 and 8, and the accompanying text at pages 32 and 33, show the test properties of the claimed invention and further illustrate that the claimed invention is not permanently bonded to the skin, i.e., that the adhesive is releasable in nature, and that the invention is removable once applied to human skin. For instance, in the final paragraph of page 32 of the application, there is an express recitation that the patches of the claimed invention were applied to subjects for a period of 24 hours, confirming that the adhesive is indeed releasable.

Therefore, in light of the text cited above, it is clear that the adhesive layer is used in the claims and in view of the specification is of a releasable nature. No similar considerations of removability or non-irritation are discussed in Kobylivker et al., nor would the permanent laminations discussed in that reference lead a person skilled in the art to substitute an adhesive having different properties. The fact that a permanent adhesive is used is unequivocal evidence that the Kobylivker et al. is confined to applications in which the film is permanently bound to another structure. In such applications, removability is an extremely undesirable characteristic, and the main focus of lamination operations is ensuring that once two layers are bonded together, they never delaminate. Permanent adhesives of the type useful in lamination operations naturally lead away from any consideration of a removable adhesive or any application based on removable adhesives. For this reason, a person skilled in the art in possession of the Kobylivker et al. reference could not change the nature of the adhesive unless he had an intention to create a totally different invention, i.e., a medical adhesive tape that could be applied directly to human skin and removed later. However, such an article is not found or suggested in Kobylivker et al., and therefore it must only arise through the improper use of hindsight.

Therefore, the physical characteristics of the adhesive layer will vary depending on the type of the adhesive, specifically whether the adhesive is used to releasably attach a film to the skin, or permanently adhere the film to a substrate in order to create a laminate. This is another reason why the teachings of Kobylivker et al. lead away from the claimed invention and could not be used to generate the claimed invention.

Finally, it is clear that the stress relaxation ratios set forth at page 23, first full paragraph, of the application, are an important component of the claimed invention, and are not shown or

suggested by Kobylivker et al. When a medical adhesive tape is attached directly to skin, particularly skin that is sensitive or damaged, it is clear that the flexibility is an extremely desirable quality. Although a medical garment may be in close contact with skin, it does not need to match every contour of the skin or respond to every movement of the body to function well. By contrast, a medical adhesive tape that is adhered directly to the skin preferably matches all the contours of the skin and is able to accommodate movement of the body in order to perform its intended function.

In other words, the ability of the medical adhesive tape to flex or deform is an important characteristic of the claimed invention and is intimately related to both the comfort of the user and the ability of the tape to adhere to the skin in spite of movements of the body. A person in possession of Kobylivker et al. would have no reason to seek the particular stress relaxation ratios of the claimed invention, because they are utterly unrelated to the applications shown in Kobylivker et al., in which flexibility is not an important consideration. Therefore, a person of ordinary skill in the art in possession of the teachings of Kobylivker et al. would not be able to generate the claimed invention using that reference as a starting point.

In summary, the benefits achieved and discussed in the present application with respect to a specialized pressure sensitive adhesive, the unique stress relaxation ratios, as well as the other benefits mentioned in the examples, would not be relevant to the uses specified in Kobylivker et al. Therefore, these particular benefits would not be obvious in view of Kobylivker et al., nor would one skilled in the art be motivated to use a polymeric film of Kobylivker et al. for the particular uses set forth in the present application, namely a first-aid adhesive tape. The particular medical adhesive tape including the adhesive layer would simply not be uses or articles taught or

suggested by Kobylivker et al., since Kobylivker et al. was not concerned with the particular problems solved by the present application.

Accordingly, in light of all the above, Kobylivker et al. does not teach or suggest the claimed invention, and the rejection of claims 1-8 should be reversed.

b) The patentability of claim 9.

The reasons set forth above with respect to the patentability of claims 1-8 apply equally here. Additionally, claim 9 is dependent on claim 1, and recites a specific stress relaxation ratio (60% or less). As noted at page 23 of the application, the claimed invention has specific stress relaxation ratios that are tailored to provide comfort to the patient. As noted before, Kobylivker et al. does not teach or suggest these stress relaxation ratios, because Kobylivker et al. is not concerned with applying a medical adhesive tape or sheet to skin. The comfort or non-irritation of the user's skin is clearly of no consequence in Kobylivker et al., since it is not applied to skin. In light of that, the Examiner has not explained how the particular stress relaxation ratio of this claim is either taught or suggested by that reference, or why a person or ordinary skill in the art would be motivated to address a requirement (the ability to flex in order to accommodate body movement) that is not relevant to the cited reference.

Accordingly, in light of all the above, Kobylivker et al. does not teach or suggest the claimed invention, and therefore the rejection of claim 9 should be reversed.

c) The patentability of claim 10.

The reasons set forth above with respect to the patentability of claims 1-8 apply equally here. Claim 10 is dependent on claim 1, and is drawn to a first-aid adhesive tape that contains an absorbent pad at the central region of the surface of the adhesive layer. Kobylivker et al. does not teach or

suggest a first-aid tape with an absorbent pad, because Kobylivker et al. is not concerned with applying a medical adhesive tape or sheet to skin. Obviously, the types of applications that are set forth in Kobylivker et al. would not contain an absorbent pad, because Kobylivker et al. is concerned with completely different types of articles, i.e., articles that are not attached to skin to serve as a dressing or a first aid tape. In summary, the Examiner has not explained how a person skilled in the art could generate the features of this claim when an absorbent pad is neither taught nor suggested by Kobylivker et al. and when an absorbent pad would be inconsistent with the kinds of medical apparel taught by Kobylivker et al.

Accordingly, in light of all the above, Kobylivker et al. does not teach or suggest the claimed invention, and therefore the rejection of claim 10 should be reversed.

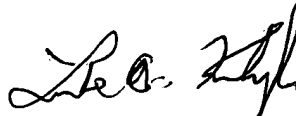
IX. CONCLUSION

For at least the reasons discussed above, it is respectfully submitted that the Examiner's rejection of all the pending claims is in error and should be reversed.

If there is any additional fee due in connection with the filing of this Brief on Appeal, please charge the fee to Deposit Account No. 50-0925.

Respectfully submitted,

KILYK & BOWERSOX, P.L.L.C.



Luke A. Kilyk
Reg. No. 33,251

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APPENDIX

WHAT IS CLAIMED IS:

1. A medical adhesive tape or sheet comprising a supporting substrate and an adhesive layer directly or indirectly laminated thereon, wherein said supporting substrate comprises a composition which comprises 100 parts by weight of a thermoplastic resin and 10 to 200 parts by weight of a silicic acid compound.
2. The medical adhesive tape or sheet as claimed in claim 1, wherein said silicic acid compound is at least one selected from the group consisting of zeolite, talc and silica.
3. The medical adhesive tape or sheet as claimed in claim 1, wherein said thermoplastic resin is at least one member selected from the group consisting of a polypropylene resin, a blend of a polypropylene resin and an elastomer, and a copolymer of a polypropylene resin and an elastomer.
4. The medical adhesive tape or sheet as claimed in claim 3, wherein the polypropylene resin, or the copolymer of a polypropylene resin and an elastomer is amorphous or low crystalline.
5. The medical adhesive tape or sheet as claimed in claim 4, wherein the amorphous or low crystalline polyolefin resin is present in an amount of 30 to 100% by weight based on the total weight of film-forming materials for a supporting substrate.
6. The medical adhesive tape or sheet as claimed in claim

1, wherein said supporting substrate further comprises a resin modifier.

7. The medical adhesive tape or sheet as claimed in claim 6, wherein the resin modifier is present in an amount of 0.1 to 40% by weight based on the total weight of the film-forming resin composition.

8. The medical adhesive tape or sheet as claimed in claim 6, wherein said resin modifier is at least one selected from the group consisting of a hydrogenated product of styrene-butadiene copolymer or its maleic acid-modified product, polystyrene-polyethylene-butylene-crystalline polyolefin, crystalline polyolefin-polyethylene-butylene-crystalline polyolefin, ethylene-ethyl acrylate copolymer, ethylene-acrylic acid ester-maleic anhydride copolymer, ethylene-methacrylic acid glycidyl ester copolymer, maleic anhydride graft polypropylene, maleic anhydride graft ethylene-polypropylene copolymer, acrylic acid graft polypropylene, ethylene-vinyl acetate copolymer, ethylene-vinyl acetate/ethylene-propylene-diene/polyolefin graft copolymer, metal salts of ethylene-methacrylic acid copolymer and chlorinated paraffin.

9. The medical adhesive tape or sheet as claimed in claim 1, wherein said supporting substrate has a stress relaxation ratio of 60% or less.

10. A first-aid adhesive tape comprising the medical

adhesive tape or sheet as claimed in claim 1, and an absorbent pad provided at a central region on a surface of the adhesive layer thereof.